

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9561

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH <i>6524 Lindenwood Pl.</i> a. COUNTY <i>None - ST. Louis mo.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>3</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		<i>2039</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>6524 Lindenwood Ave.</i>				d. STREET ADDRESS (If rural, give location) <i>6524 Lindenwood Ave.</i>			
3. NAME OF DECEASED (Type or Print) <i>ZENO (PETE)</i>		a. (First)		b. (Middle)		c. (Last) <i>MACKAY</i>	
4. DATE OF DEATH <i>Nov. 9 1950</i>		(Month)		(Day)		(Year)	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>		8. DATE OF BIRTH <i>March 28, 1890</i>	
9. AGE (In years last birthday) <i>60</i>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrical Foreman</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Public Service Co.</i>			
11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo.</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
13a. FATHER'S NAME <i>Zeno Mackay</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Weis</i>		14. NAME OF HUSBAND OR WIFE <i>Amanda Mackay</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>World War 1</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Amanda Mackay</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Embolus</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>auricular fibrillation</i> DUE TO (c) <i>arteriosclerotic heart disease</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>cardiac decompensation</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 spot</i> <i>2</i> <i>11</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis, Ind</i>		21f. HOW DID INJURY OCCUR? <i>4200</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <i>9-18</i> , 19 <i>50</i> , to <i>11-9</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>10-8</i> , 19 <i>50</i> , and that death occurred at <i>9:30 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>A.K. Friskel M.D.</i>				23b. ADDRESS <i>539 N. Grand</i>		23c. DATE SIGNED <i>11-10-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Nov. 13, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>	
DATE REC'D BY LOCAL REG. <i>NOV 10 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshäuser</i>			
				ADDRESS <i>4228 S. Kingshighway Pl.</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 20 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Edwin A. M. Gernatt

Licensed Embalmer No. *3024*

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.